



*\*This form is to be completed by either – Principal/Teacher/Counselor/Employer/Head of organization*

<b>Name of Applicant:</b>	<b>Date of Birth:</b> ____/____/____ <b>DD/MM/YEAR</b>	<b>Gender:</b> <b>Female:</b> <input type="checkbox"/> <b>Male:</b> <input type="checkbox"/>
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<b>How long have you known the applicant:</b>	<b>In what capacity have you known the applicant:</b>
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*Tick the most appropriate box commensurate with your knowledge of the applicant:*

	Exceptional	Above Average	Average	Below Average	Not applicable
Academic potential					
Projected performance at CXC/CSEC					
Capacity for independent thinking					
Problem solving ability					
Leadership ability					
Group/team work ability					
Writing ability					
Self expression					
Study habits					
Ability to interact with others/peers					
Respect for authority					
Respect for peers					
Emotional maturity					
Initiative					
Involvement in community service					
Involvement in groups/organizations					
Ethics (attitude/diligence)					

**Has the applicant ever been subject to disciplinary action? Yes:** **No:**   
*If yes, explain and indicate the frequency with which infractions took place and the severity.*

*Single incident:*  *repeated incidents:*

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**Time Management:**

*Explain:*

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**Academic Punctuality (Failure to complete/ hand in assignments):**

*Explain:*

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**Infractions (cheating/plagiarism/verbal or physical violence/threats)**

*Explain:*

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**General comments you deem important (strengths/weaknesses; potential for success; personal attributes)**

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**\* This applicant is:**

Highly recommended       Recommended       Recommended with reservation       Not recommended

**Recommender's name:**

**Signature:**

\_\_\_\_\_  
**Institution/Organization:**

\_\_\_\_\_  
**Position/Job title:**

\_\_\_\_\_  
**Date:**

*Stamp here with official stamp of  
Institution/Organization*